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Wellness and Recovery Program

Drug Medi-Cal Organized Delivery Service

February 2021

Agenda

- Welcome and Housekeeping
- Claims
- Online Services
  - Claim Search
  - CIFs
- Contacts and Resources

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Claims Overview Residential Services

Overview

- Types of Covered Services
- Modifiers, Procedure Codes, ICD-10 & Place of Service Codes
- Billable Modifiers
- Billable Procedure Codes
- HCPCS & Modifier Guide for levels of care
- HCPCS, Modifier & Place of Service Code Examples
- Group Formula
- Same Day Services
- Claim Corrections/CIFs
- Important Information
- Resources

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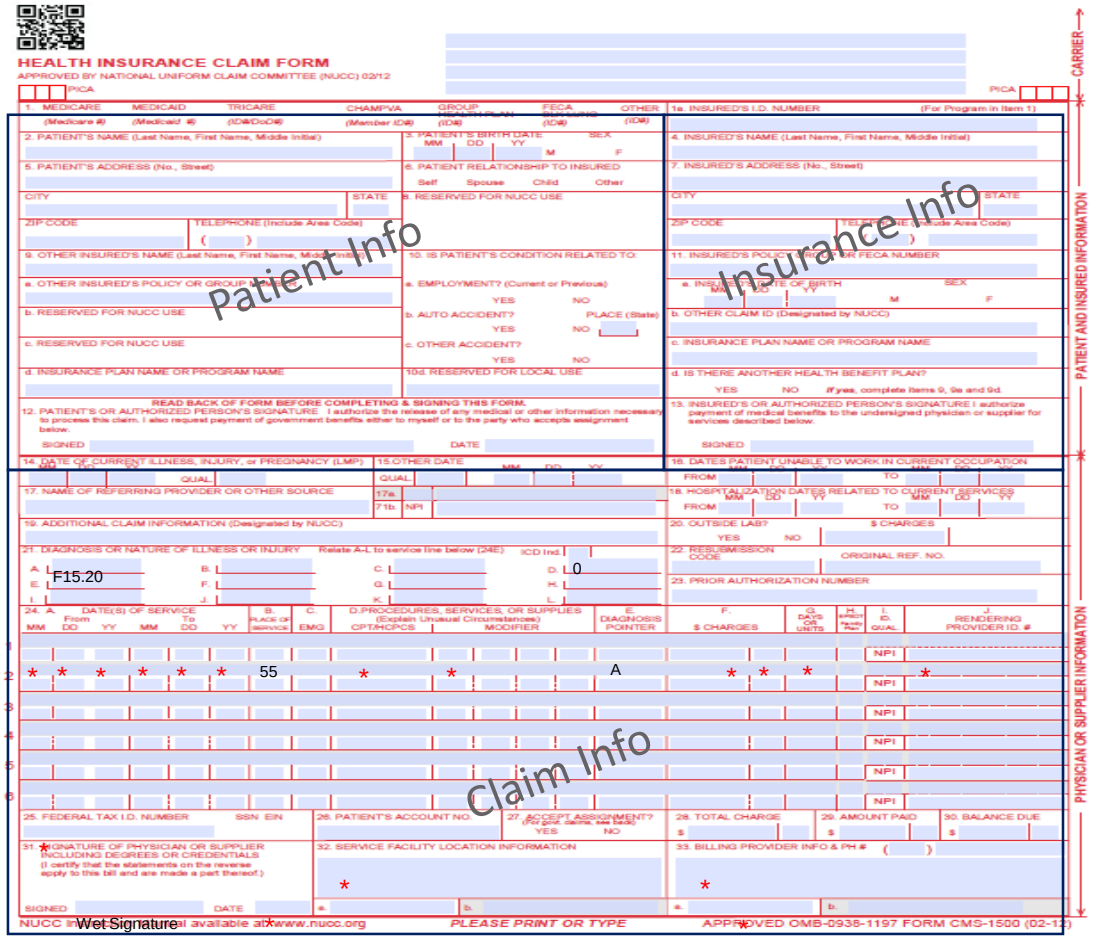
CMS-1500 Billing Form



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Types of Covered Services

All Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties who meet medical necessity criteria can access the full continuum of substance use treatment services to include:

- Outpatient Services (ASAM Level 1)
- Intensive Outpatient Services (ASAM Level 2.1)
- Residential Services (ASAM Levels 3.1 & 3.5) up to 90 days
- Withdrawal Management (“Detox”)
- Recovery Services (Community Support)
- Opioid (Narcotic) Treatment Program Services

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Billing Codes

Modifiers: Modifiers are a 2 digit code used to supplement a procedure code. Wellness and Recovery modifiers are used to distinguish different levels of care.

Procedure Codes: Procedure Codes are a medical code set used to report medical, surgical and diagnostic procedures and services. CPT codes are a numeric 5 digit code. HCPCS codes are an alpha numeric 5 digit code.

The Wellness and Recovery Program uses HCPCS codes.

ICD-10: ICD-10 codes are alpha numeric codes used to report a patients diagnosis.

Place of Service Codes: These codes are used to specify the entity where services were rendered. Wellness and Recovery will include Place of Service Codes such as:

55 - Residential	57- Non-Residential	11 - Office
02 - Telehealth	14 - Group Home	20 – Urgent Care

Note: This is not an all-inclusive list

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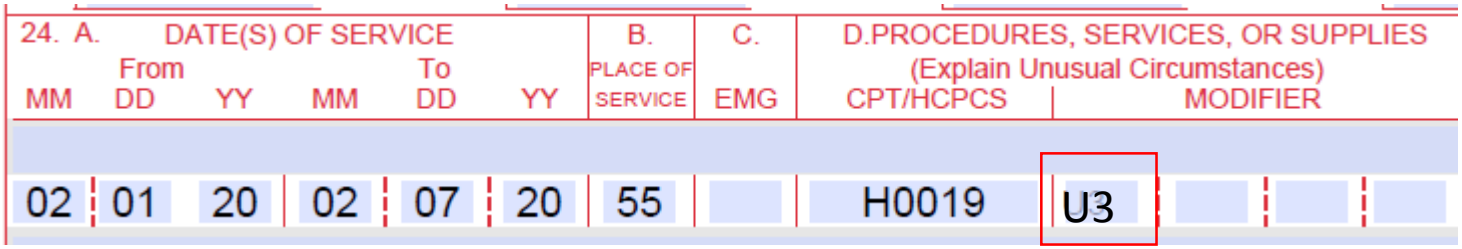
Billable Modifiers

Modifier	Definition	Description
U1	ASAM 3.1 Residential	Medicaid level of care 1
U3	ASAM 3.5 Residential	Medicaid level of care 3
U6	ODS Recovery Services	Medicaid level of care 6
U9	ODS ASAM 3.2 Withdrawal Management	Medicaid level of care 9
HA	Under 21 years old	Child/adolescent program
HD	Perinatal Services	Pregnant/parenting women's program

CMS1500 example:



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER
02	01	20	02	07	20	55		H0019	U3

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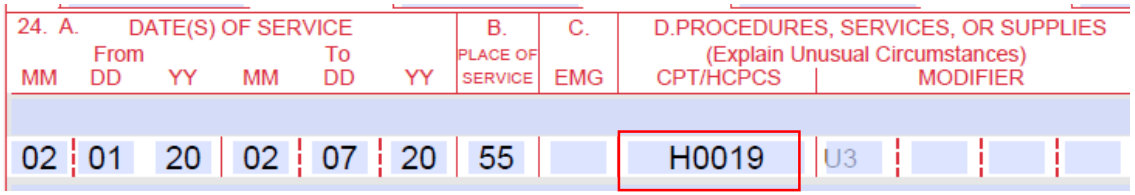
Billable Procedure Codes

Procedure	Description
G9008	**Physician Consultation** – Coordinated care fee, physician coordinated care oversight services, **per minute.**
H0004	**Individual Counseling** – Behavioral health counseling and therapy, **per minute.**
H0005	**Group Counseling** – Alcohol and/or drug services; group counseling by a clinician, **per minute.**
H0006	**Case Management** – Alcohol and/or drug services, **per minute.**
H0012	**Residential Withdrawal Management** – Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient), **per bed day**.
H0019	**Residential** – TAR required, Up to 90 days, **per bed day**.
T1012	**Recovery Services** – Recovery Monitoring/Substance Abuse Assistance, **per minute.**

CMS1500 example:



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER
02	01	20	02	07	20	55		H0019	U3

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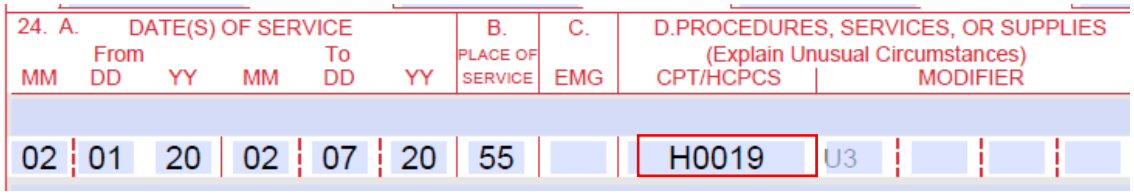
ASAM 3.1 Residential

3.1 Residential		1st Modifier	2nd Modifier
H0019	Residential	U1	
H0006	Case Management	U1	
G9008	Physician Consultation	U1	
H0004	Recovery Services-Individual Counseling	U6	U1
H0005	Recovery Services-Group Counseling	U6	U1
H0006	Recovery Services-Case Management	U6	U1
T1012	Recovery Services-Recovery Monitoring/Substance Abuse Assistance	U6	U1

CMS1500 example:



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER
02	01	20	02	07	20	55		H0019	U3

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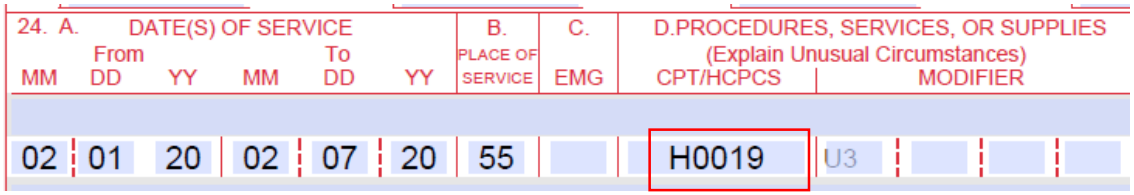
ASAM 3.5 Residential

3.5 Residential		1st Modifier	2nd Modifier
H0019	Residential	U3	
H0006	Case Management	U3	
G9008	Physician Consultation	U3	
H0004	Recovery Services-Individual Counseling	U6	U3
H0005	Recovery Services-Group Counseling	U6	U3
H0006	Recovery Services-Case Management	U6	U3
T1012	Recovery Services-Recovery Monitoring/Substance Abuse Assistance	U6	U3

CMS1500 example:



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER
02	01	20	02	07	20	55		H0019	U3

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ODS ASAM 3.2 Withdrawal Management

ODS 3.2 WM		1st Modifier	2nd Modifier
H0012	Residential Withdrawal Management	U9	
H0006	Case Management	U9	
G9008	Physician Consultation	U9	

CMS1500 example:

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER
01	01	20	01	01	20	55		H0012	U9

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Group Formula

Procedure Code H0005 (Group Counseling)

Group services should use the following methodology:

- Number of minutes for the group + travel/number of beneficiaries in the group = Total minutes per beneficiary + documentation time

To bill for transportation, the counselor must document in progress notes:

- Date
- Start and end time to the service location
- Start and end time back to the facility

Documentation time is specific to the beneficiary and the time it takes for the counselor to write a progress note for each beneficiary that participated in the group.

Example: Document the date, start and end time - 4/02/19, 1 p.m. to 1:05 p.m.

Note: If a member leaves a group counseling session prior to the completion (Ex: if one person out of that group was only there for 30 minutes of the 1 hour group session), you will need to remove the member from the group formula.

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Group Formula Example

Example:

15 minutes transportation to site + 90 minute group + 15 minutes transportation back to the facility site

= 120 minutes/number of beneficiaries in group (10)

= 12 minutes per beneficiary

+ 5 minutes for documentation time

17 minutes

This claim can be billed with 17 units for each individual who participated in the group which you will indicate in box 24 “G” on the CMS-1500

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS
Grp formula ex: 30 mileage + 90 group ÷ 10 (# in grp) = 12 + 5 min documentation = 17																
03	01	20	03	01	20	57		H0005	U7				A	50.00	00	17

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Same-Day Services

Beneficiaries are eligible to receive more than one service per day by various providers

This is to ensure correct level of care placement for beneficiaries

Many services are allowed to be billed in the same day when the combination of services does not have a conflict

Note:

- If the Member receives multiple services of the *same code and date of service*, by different rendering provider (counselors), the distinctive NPI needs to be billed individually on separate lines.
- If the Member receives multiple services of the *same code and date of service*, by the same rendering provider (counselor), the services should combine into one claim line.

Please refer to the MHSUDS Information Notice 17-039 for more information related to same-day services. This notice can be found on the DHCS website.

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Important Information

- There must be a CalOMS Episode for each member prior to billing.
- All claims must be submitted within 90 days from the date of service.
- Claims must be submitted in the same month, claims cannot cross months. i.e. Dates of service 02/01/2021-03/05/2021 must be billed on 2 separate claims:
- 1st claim 02/01/2021-02/28/2021
- 2nd claim 03/01/2021-03/05/2021
- All Residential bed days require a TAR – specific to procedure H0019

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Billing Code Examples

The use of the "U" Modifier codes are to distinguish different levels of care. You must have both a procedure code and a Modifier for each line billed.

Examples:
Non-perinatal adolescent beneficiary is served in a level 3.5 residential facility and there is a physician consultation that needs to be claimed, the codes and modifiers would be – G9008|U3|HA with Place of Service 55
Perinatal adult receiving case management in a residential program (3.1) H0006|U1|HD with Place of Service 55
Residential bed day (3.5) for adult beneficiary - H0019|U3 with Place of Service 55
Residential bed day (3.5) for perinatal adolescent beneficiary – H0019|U3|HD|HA with Place of Service 55
Perinatal adult beneficiary in Residential Withdrawal Management H0012|U9|HD with Place of Service 55

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Laboratory Services

Laboratory Services are not separately reimbursable for Wellness & Recovery

Note: Solano County members only: Solano County PHC members must use a Quest service center. Providers must coordinate with Quest Diagnostics for specimen pickup if lab draw done at provider site.

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Online Services
Claim Search &
CIFs

Provider Online Services Claims

Claim Search Module	Lets users search for claims and view detailed information.
Check Search Module	Lets users search for checks and view check details.
EOP Remittance Module	Provides details on the Explanation of Payments and claims that have been paid, denied, or adjusted.
Claims Inquiry Form (CIF)	Lets users search for claims and submit corrections (add or change) information.

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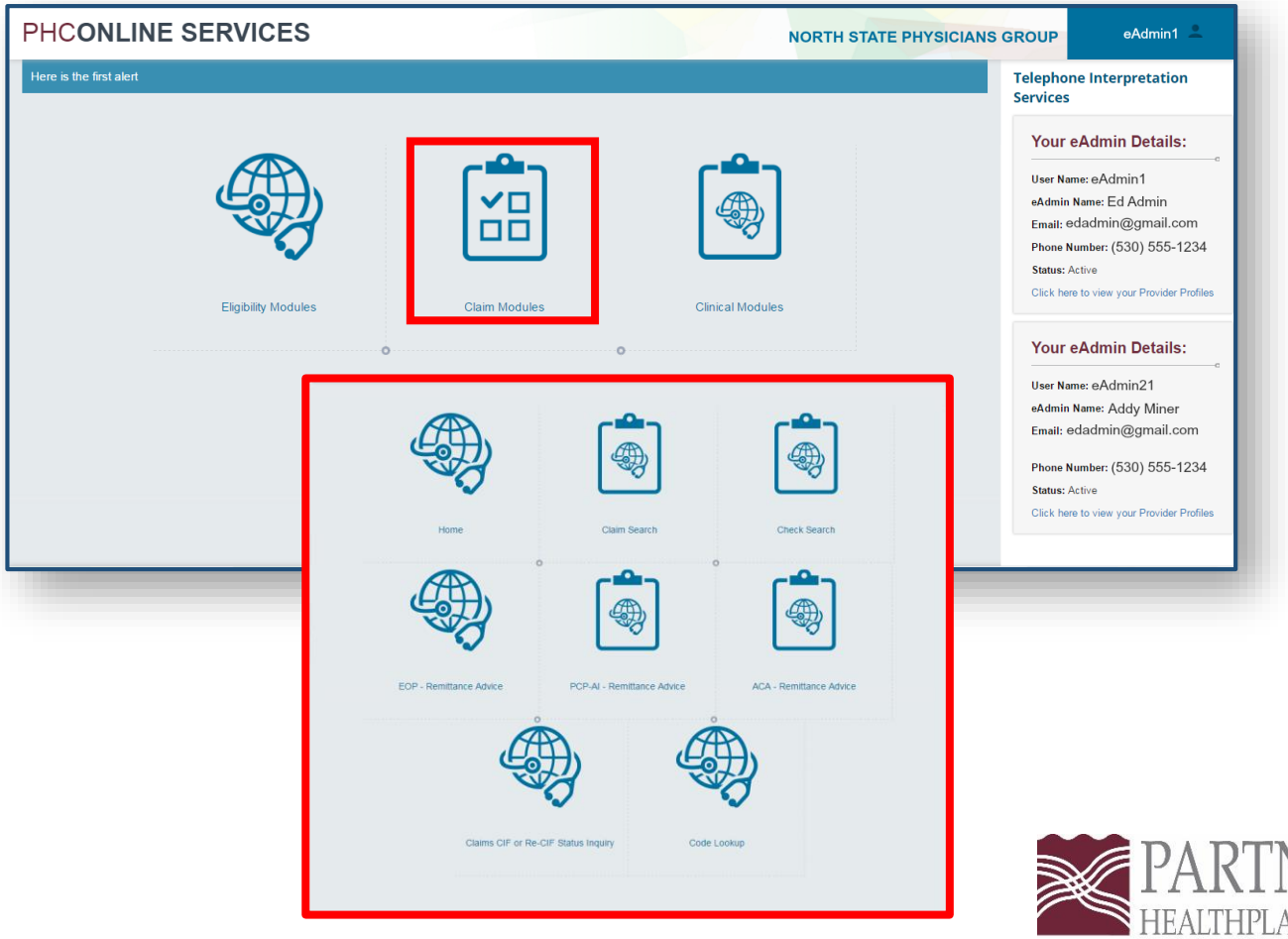
Claims Dashboard

From the Home Page Dashboard click the Claim Modules icon
Select **Claim Search**



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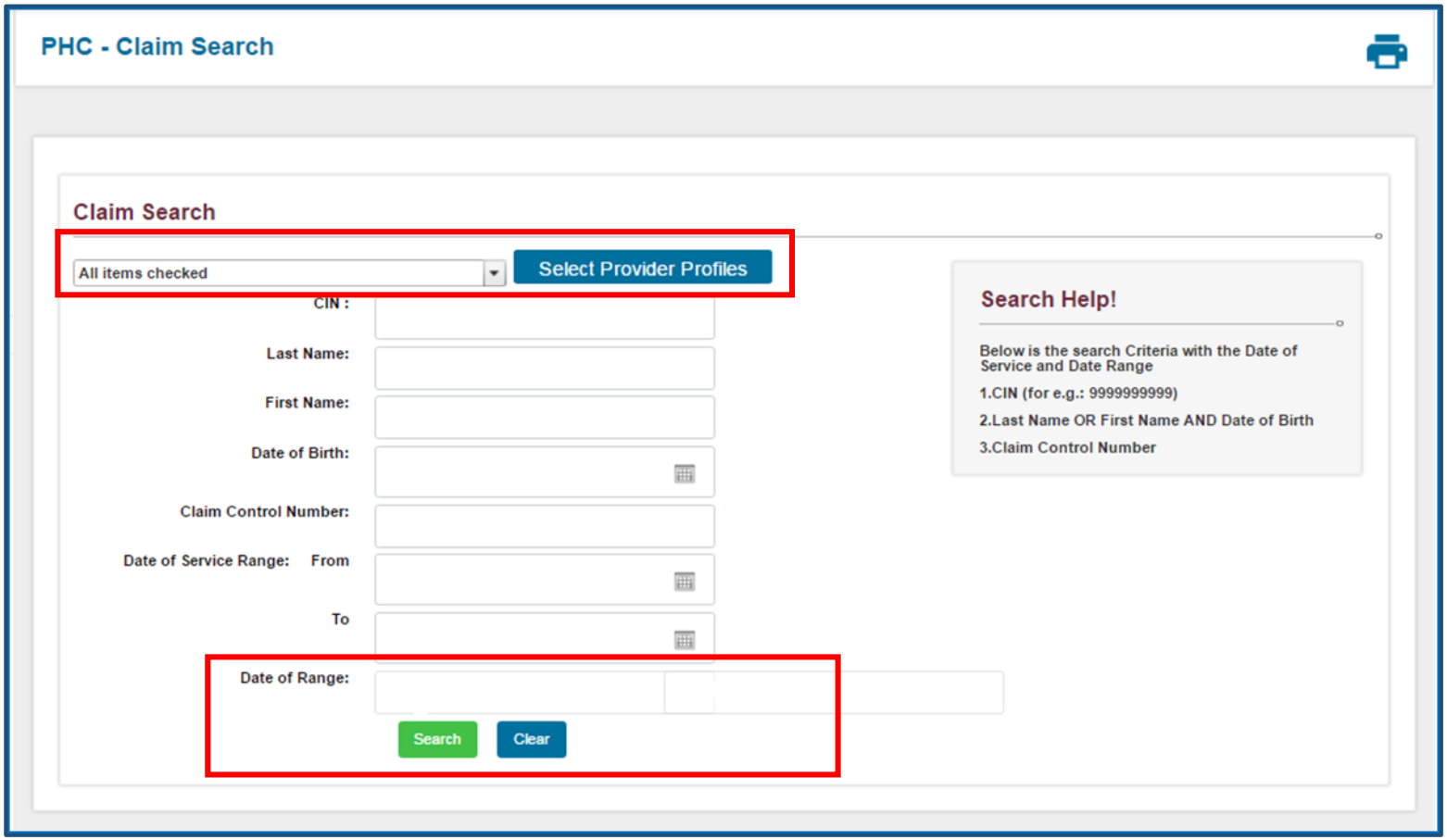
Claim Search

Select Provider Profiles defaults to “all”
Enter **Date of Service Range** and **Search Criteria**



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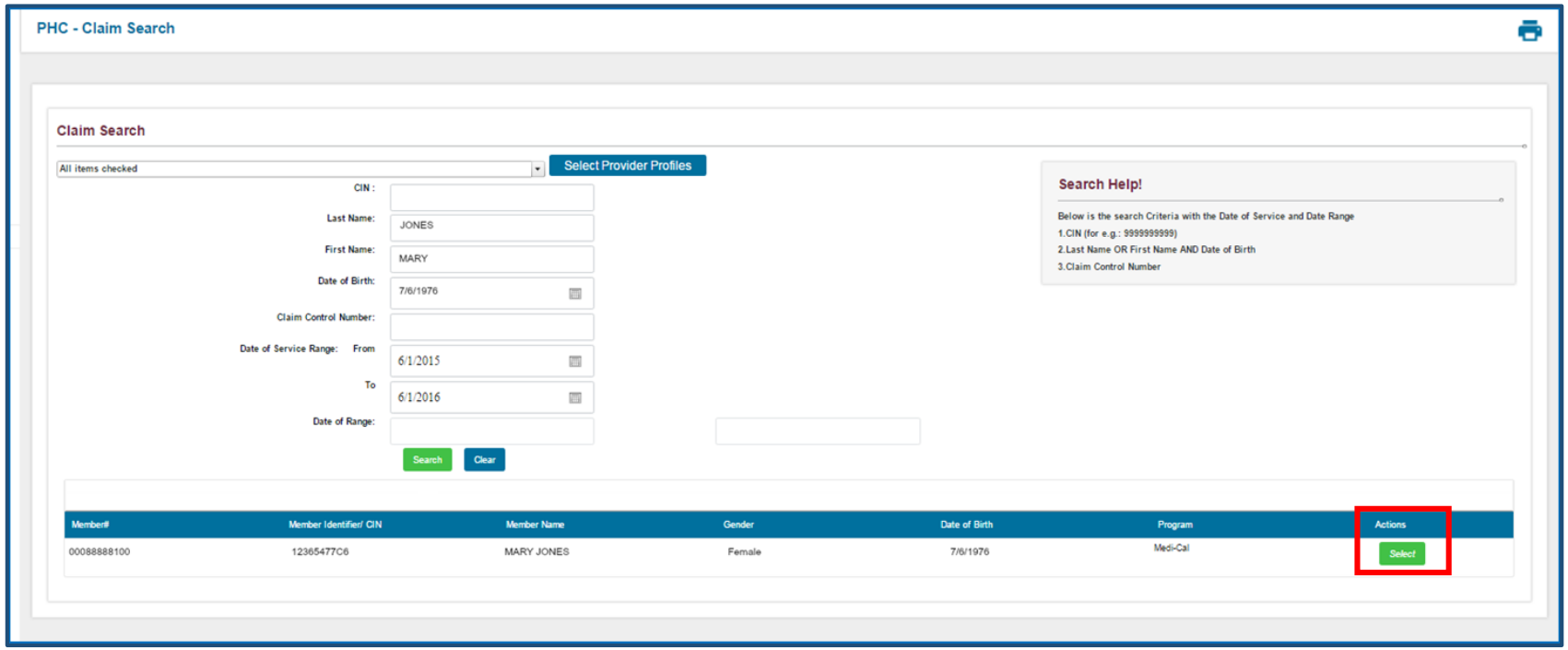
Claim Search



To view Claims Detail click the **Select** button below the **Actions** Tab

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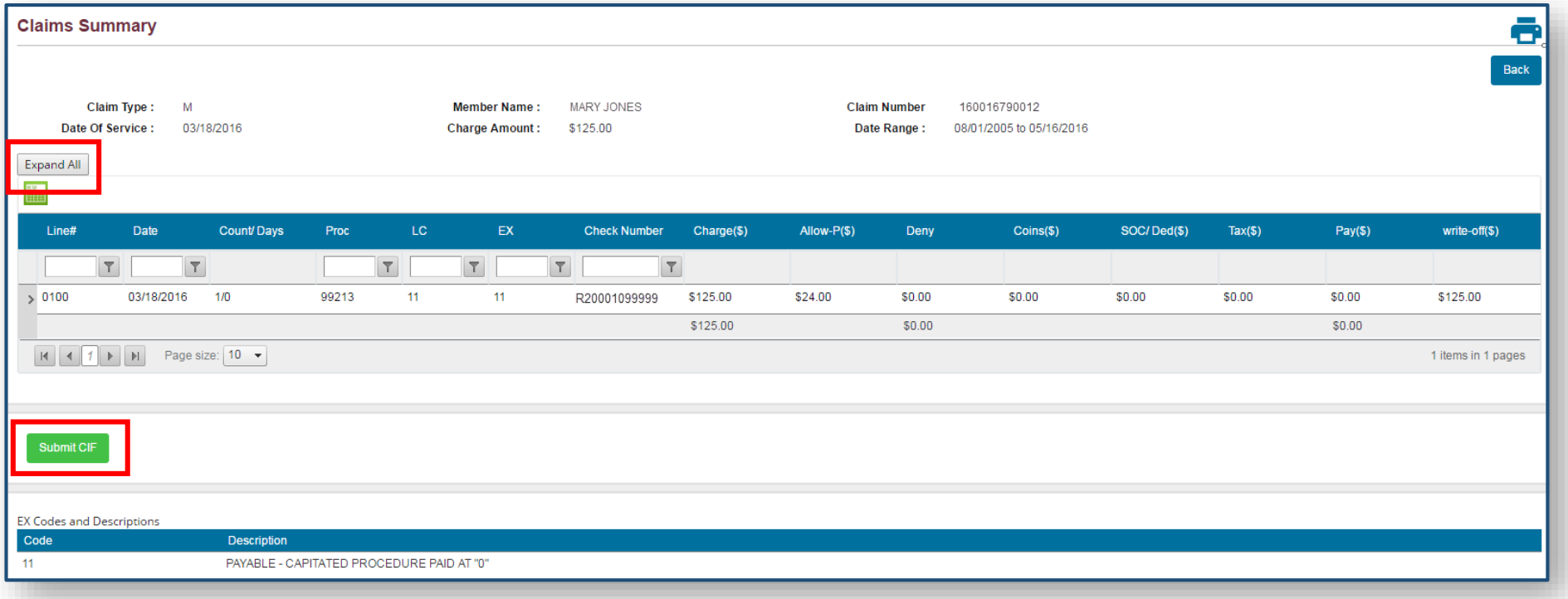
Claim Summary



Claims Summary

Back

Claim Type : M
Member Name : MARY JONES
Claim Number 160016790012
Date Of Service : 03/18/2016
Charge Amount : $125.00
Date Range : 08/01/2005 to 05/16/2016

Expand All

Line#	Date	Count/ Days	Proc	LC	EX	Check Number	Charge($)	Allow-P($)	Deny	Coins($)	SOC/ Ded($)	Tax($)	Pay($)	write-off($)
0100	03/18/2016	1/0	99213	11	11	R20001099999	$125.00	$24.00	$0.00	$0.00	$0.00	$0.00	$0.00	$125.00
							$125.00		$0.00				$0.00	

Page size: 10

1 items in 1 pages

Submit CIF

EX Codes and Descriptions

Code	Description
11	PAYABLE - CAPITATED PROCEDURE PAID AT "0"

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Claim Correction/CIFs

CIFs (Claims Inquiry Forms) are used to reconcile claim over or underpayments and resubmit corrected claims.

CIF Timeframes:

- All CIFs, ReCIFs and Appeals must be completed within 120 days from the date of service

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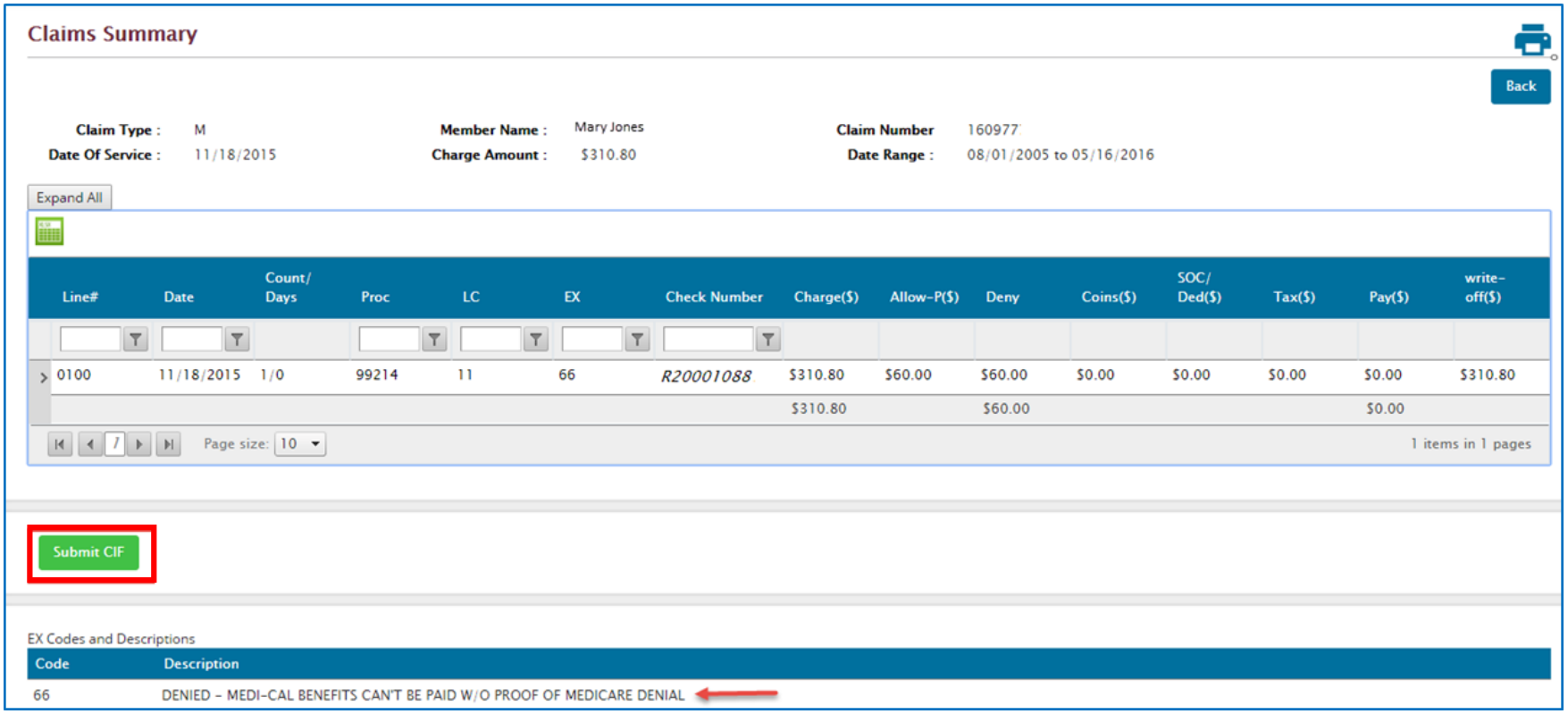
Submit CIF



Click **Submit CIF**

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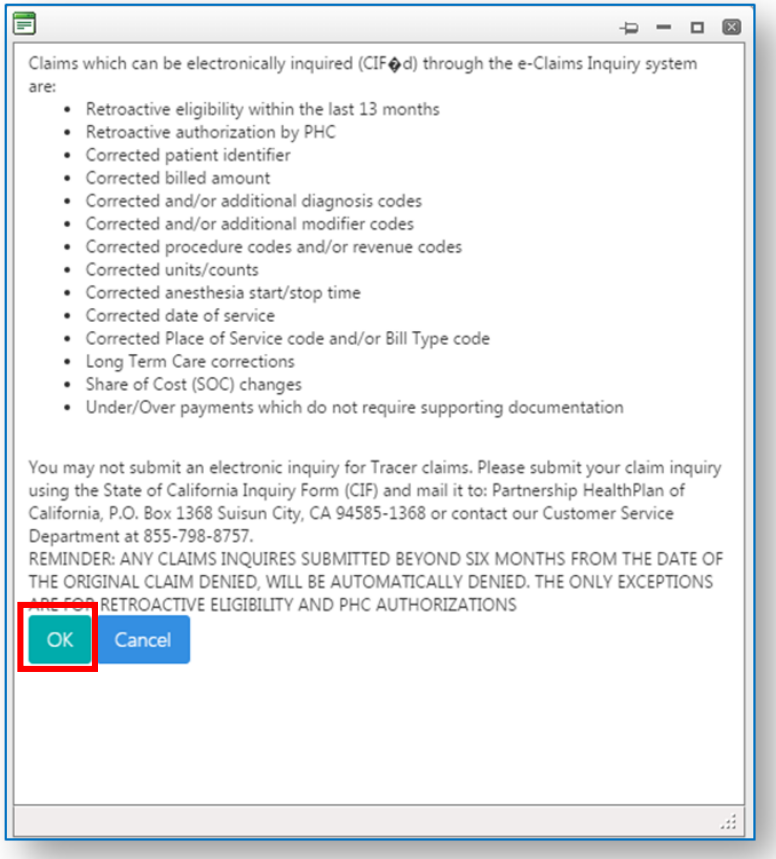
Claims CIF or Re-CIF Status Inquiry



Review Pop-Up Window
Click **OK** when finished

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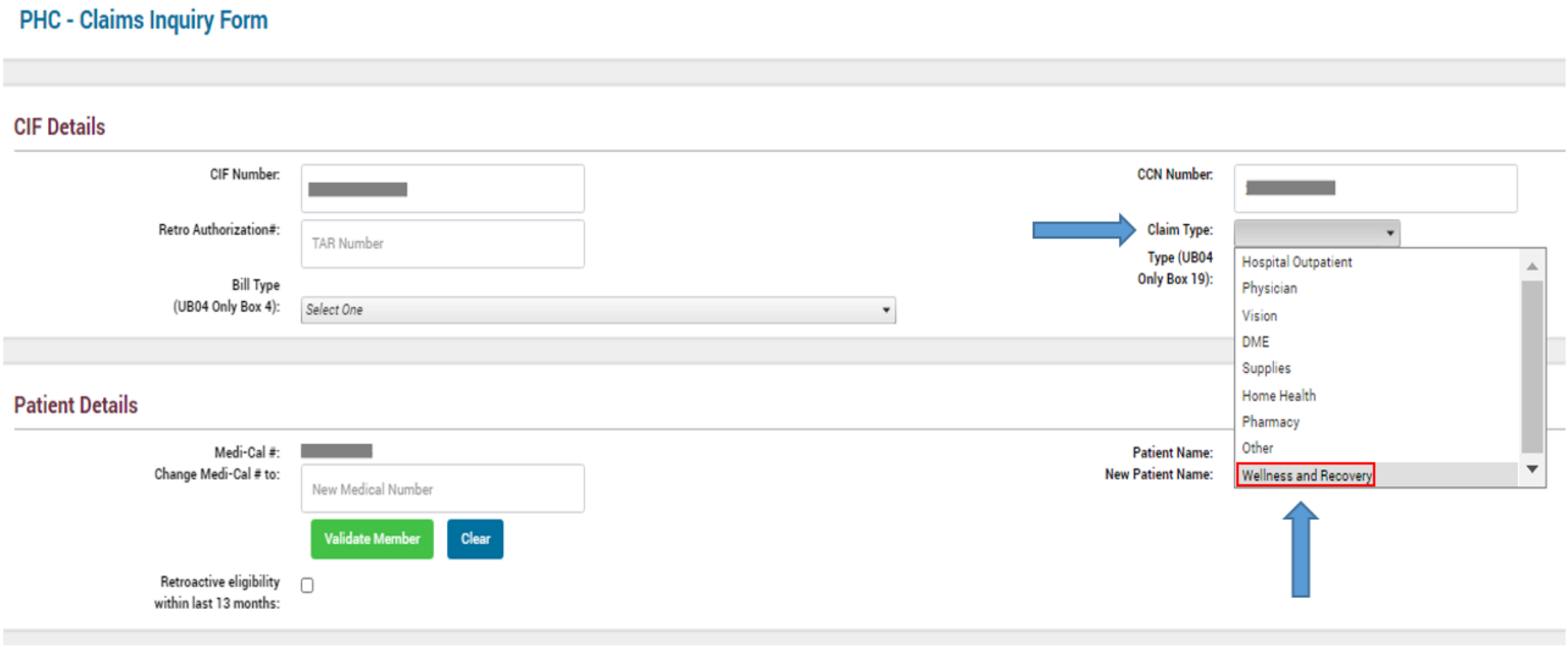
CIF Data Screen Continued

Select Claim Type from drop down and ER or Non-ER for Box 19



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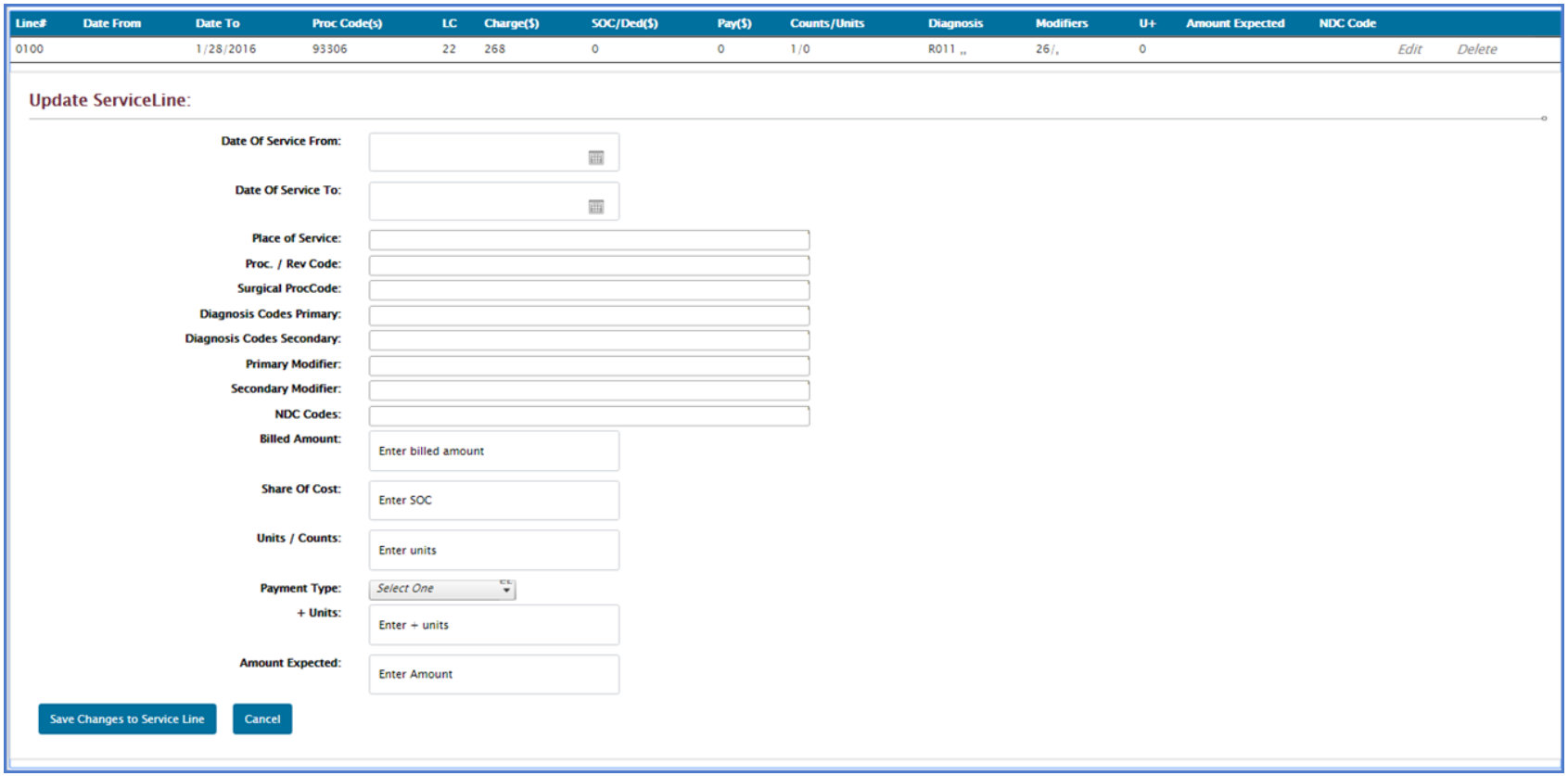
Service Line



Line#	Date From	Date To	Proc Code(s)	LC	Charge($)	SOC/Ded($)	Pay($)	Counts/Units	Diagnosis	Modifiers	U+	Amount Expected	NDC Code		
0100		1/28/2016	93306	22	268	0	0	1/0	R011 ,,	26/,	0			*Edit*	*Delete*

Update ServiceLine:

Date Of Service From:

Date Of Service To:

Place of Service:

Proc. / Rev Code:

Surgical ProcCode:

Diagnosis Codes Primary:

Diagnosis Codes Secondary:

Primary Modifier:

Secondary Modifier:

NDC Codes:

Billed Amount: Enter billed amount

Share Of Cost: Enter SOC

Units / Counts: Enter units

Payment Type: *Select One*

+ Units: Enter + units

Amount Expected: Enter Amount

Save Changes to Service Line | Cancel

View of data fields that can corrected.

Enter **Only** the information that **needs** to be changed.

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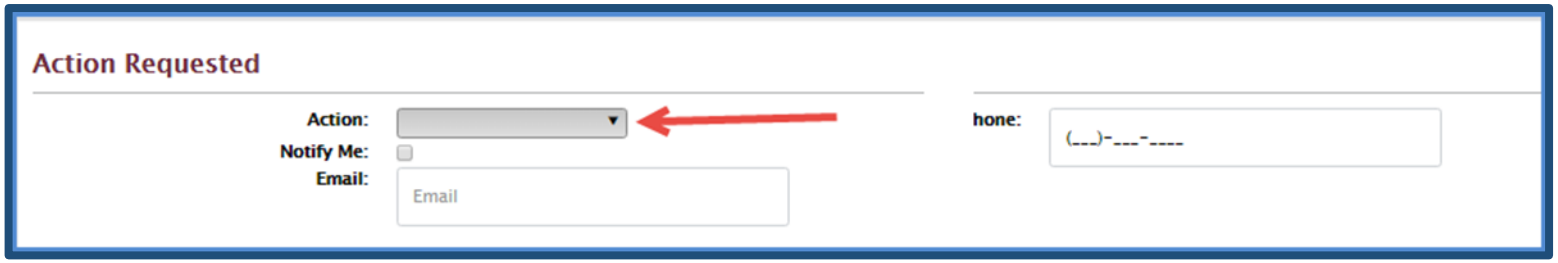
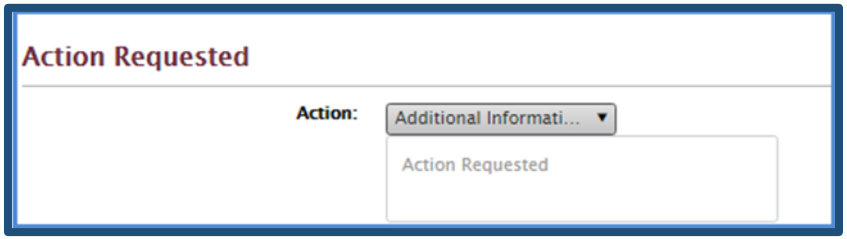
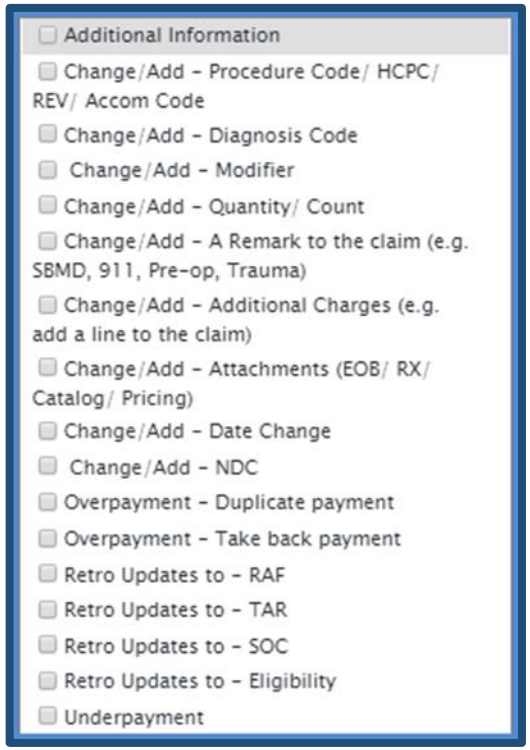
Action Requested



Clicking on the arrow in the Action box opens a “drop-up” menu of items.



Click Additional Information to open a free text box if you need to add special instructions.



Select the items that fit your need. You may check more than one box.

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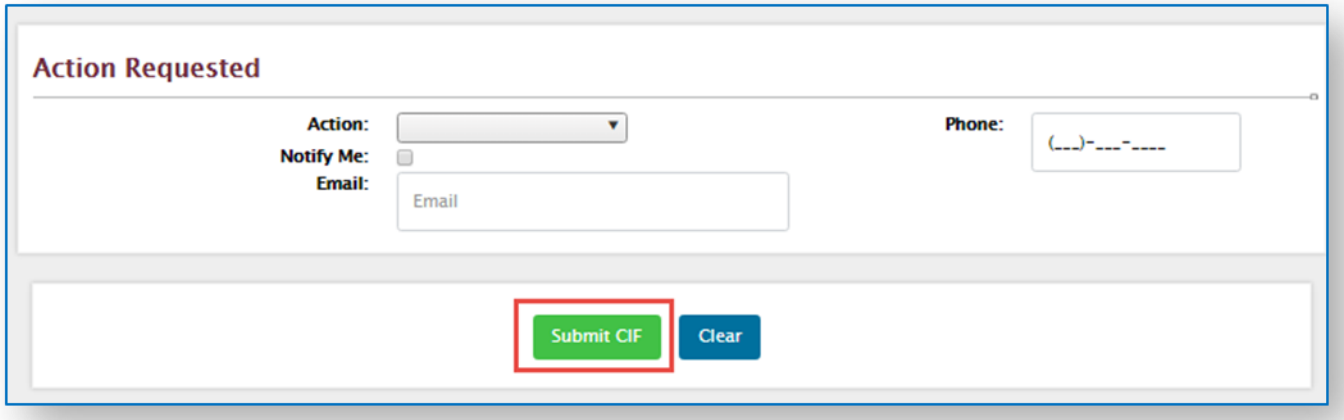
Submit CIF



Select *Action* → Enter phone number → Click submit

If you would like a completion confirmation:

Click N*otify* → Enter email address → You will advance to the upload attachments screen

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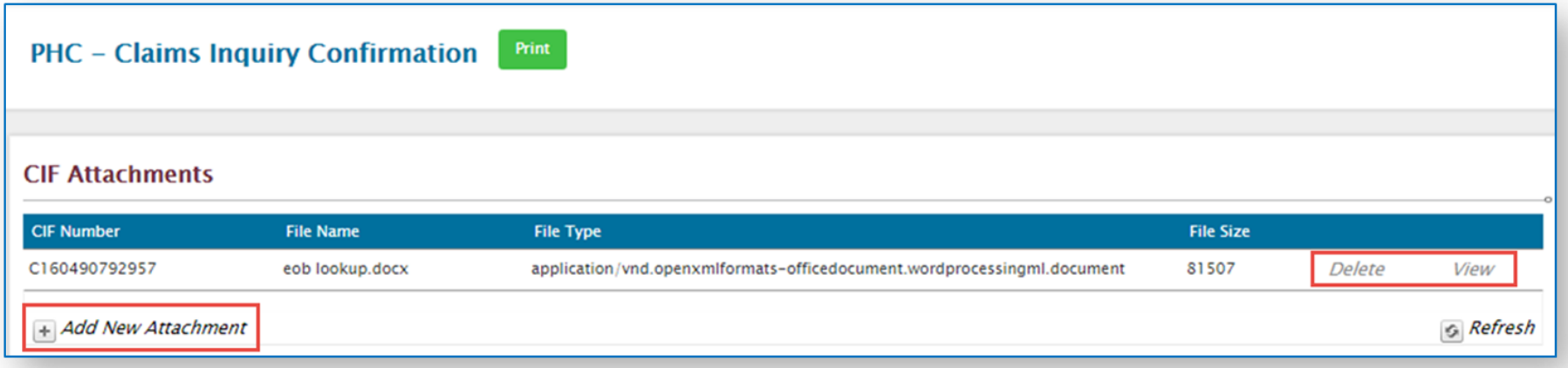
Attachments

CIF Attachments window:



Click the plus (+) button to add attachment(s).

You can also delete and view your attachment(s) before sending to PHC.

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Contacts
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Resources

Monday - Friday

8 a.m. - 5 p.m.

Claims Support

(530) 999-6868

Partnership HealthPlan of California
www.partnershiphp.org

Email Support

ClaimsWellnessRecovery@partnershiphp.org

PHC Online Services

https://provider.partnershiphp.org/IUI/Login.aspx

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